



WYOMING MENTAL HEALTH DIVISION Children's Mental Health Waiver

Subject: Provider Re-certification Process

Date:

Your certification to provide services for the Children's Mental Health Home and Community-Based Waiver will expire on _____.

Attached is a checklist of the re-certification documentation requirements that must be submitted to the Mental Health Division **10 working days prior to your certification expiration date.**

They include:

- √ Three-month time period documentation sample for services performed in the last 12 month period.
- √ Completed Provider Continuing Education Tracking Record (WA-11) to show proof of ongoing training requirements.
- √ Copy of valid driver's license
- √ Updated Provider Information form (WA-8) – used to update waiver service provider list shared with families and to update Mental Health Division certification records
- √ If applicable, Notice of Conviction form (WA-10) to report misdemeanor, felony, and/or substantiated abuse/neglect within last 12 months.

If your certification is not successfully completed by the Mental Health and Substance Abuse Services Division prior to the expiration date noted above, you will no longer be certified to provide services and subsequently not be paid for services after this date. You are also required at that time, to contact families you serve and the Family Care Coordinator(s) in writing to remove yourself from any service plans.

If you have any questions regarding the packet you have received or the recertification process, please contact the Mental Health and Substance Abuse Services Division at (307) 777-7094.

Thank you for your work with children and families served by the Children's Mental Health Waiver Program.



Children's Mental Health Waiver Waiver Services Re-Certification Checklist

Provider Name: _____

Provider Certification Expires On: _____

For the Following Service(s):

- ☐ Family Care Coordination
- ☐ Family Training and Support
- ☐ Individualized Child Training and Support

Please use this checklist to compile and complete all requested supporting documentation for annual re-certification.

Please ensure that **your name and Agency affiliation** (when applicable) are noted on all supporting documentation submitted.

| ✓ | Required Supporting Documentation |
|---|--|
| | Three-month time period documentation sample for services performed in the last 12 month period. Submit COPIES ONLY of Treatment Objectives, corresponding progress notes, and data collection forms |
| | Completed Provider Continuing Education Tracking Record (WA-11) Family Care Coordinator = 10 hours Family Trainer = 8 hours Child Trainer = 8 hours Multiple service certification = 9 hours |
| | Copy of valid driver's license |
| | Updated Provider Information form (WA-8) |
| | Notice of Conviction form (WA-10) if applicable |

Complete and attach this certification checklist to all identified supporting documentation.

Information must be submitted to the Mental Health and Substance Abuse Services Division **10 working days prior to the above noted certification expiration date.**

Please submit checklist and all required supporting documentation to:

Children's Mental Health Waiver Program
6101 Yellowstone Road Suite 220
Cheyenne, WY 82002